Request to Reduce Child Care Hours Form (MAY 2026)

I am making a voluntary request to reduce the hours of childcare currently authorized. I am requesting the following change in service:

Complete only <u>one</u> of the types of schedules below:

Set Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							
Effective Date of Change:							

Variable Schedule	☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat ☐Sun Total number of hours per week:
Earliest Start Time:	Latest End Time:
Maximum hours a day:	Maximum days per week:
Effective Date of Change:	

☐ I request a reduction in my family fee. I will submit the necessary documentation for family fee reassessment (i.e. payroll check stubs, or an independently drafted letter from employer, or other record of wages issued by the employer)

I understand I have the right to keep my current certified schedule and the decrease I am requesting will replace my current schedule. I also understand if I choose to increase my certified schedule at a later time, I will need to provide additional documentation. (Title 5, **§ 18082.3)**

Print Name of Parent/Guardian Name	**Family ID:**
Signature of Parent/Guardian	**Date:**

FOR 4Cs STAFF USE ONLY

Date NOA Sent: _____

Staff name: _____ Staff Signature: _____

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